

## Principal Benefits for Kaiser Permanente Traditional Plan (1/1/09—12/31/09)

The Services described below are covered only if all the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Southern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, hospice care, Emergency Care, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Annual Out-of-Pocket Maximum for Certain Services	
For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:	
For self-only enrollment (a Family of one Member) .....	\$1,500 per calendar year
For any one Member in a Family of two or more Members .....	\$1,500 per calendar year
For an entire Family of two or more Members .....	\$3,000 per calendar year
Deductible or Lifetime Maximum	
None	
Professional Services (Plan Provider office visits)	
You Pay	
Routine preventive care:	
Physical exams .....	\$15 per visit
Well-child visits (through age 23 months) .....	\$15 per visit
Family planning visits .....	\$15 per visit
Scheduled prenatal care visits and first postpartum visit.....	\$15 per visit
Eye refraction exams .....	\$15 per visit
Hearing tests .....	\$15 per visit
Primary and specialty care visits.....	\$15 per visit
Urgent care visits .....	\$15 per visit
Physical, occupational, and speech therapy.....	\$15 per visit
Outpatient Services	
You Pay	
Outpatient surgery and certain other outpatient procedures .....	\$15 per procedure
Allergy injection visits .....	\$5 per visit
Allergy testing visits.....	\$15 per visit
Vaccines (immunizations) .....	No charge
X-rays and lab tests .....	No charge
Health education:	
Individual visits .....	\$15 per visit
Group educational programs .....	No charge
Hospitalization Services	
You Pay	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs .....	No charge
Emergency Health Coverage	
You Pay	
Emergency Department visits .....	\$50 per visit (does not apply if admitted directly to the hospital as an inpatient)
Ambulance Services	
You Pay	
Ambulance Services .....	\$50 per trip
Prescription Drug Coverage	
You Pay	
Most covered outpatient items in accord with our drug formulary guidelines:	
Generic items from a Plan Pharmacy .....	\$10 for up to a 30-day supply, \$20 for a 31- to 60-day supply, or \$30 for a 61- to 100-day supply
Generic refills from our mail-order service .....	\$10 for up to a 30-day supply or \$20 for a 31- to 100-day supply

<b>Prescription Drug Coverage</b>		<b>You Pay</b>
Brand-name items from a Plan Pharmacy .....		\$20 for up to a 30-day supply, \$40 for a 31- to 60-day supply, or \$60 for a 61- to 100-day supply
Brand-name refills from our mail-order service.....		\$20 for up to a 30-day supply or \$40 for a 31- to 100-day supply
<b>Mental Health Services</b>		<b>You Pay</b>
Inpatient psychiatric hospitalization (up to 45 days per calendar year).....		No charge
Outpatient visits:		
Up to a total of 20 individual and group visits per calendar year .....		\$15 per individual visit \$7 per group visit
Up to 20 additional group visits that meet the Medical Group criteria in the same calendar year.....		\$7 per group visit
Note: Visit and day limits do not apply to serious emotional disturbances of children and severe mental illnesses as described in the EOC.		
<b>Chemical Dependency Services</b>		<b>You Pay</b>
Inpatient detoxification .....		No charge
Outpatient individual visits .....		\$15 per visit
Outpatient group visits .....		\$5 per visit
Transitional residential recovery Services (up to 60 days per calendar year, not to exceed 120 days in any five-year period).....		\$100 per admission
<b>Home Health Services</b>		<b>You Pay</b>
Home health care (up to 100 visits per calendar year).....		No charge
<b>Other</b>		<b>You Pay</b>
Hearing aid(s) every 36 months.....		Amount in excess of \$1,000 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period) .....		No charge
Hospice care .....		No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

# Chiropractic care

Chiropractic services are administered by American Specialty Health Plans of California, Inc. (ASH Plans)

Services		Copayments and Office Visit Maximums	
Chiropractic services are covered when a Participating Chiropractor finds that the services are medically necessary to treat or diagnose neuromusculoskeletal disorders. You can obtain services from any ASH Plans Participating Chiropractor without a referral from a Plan physician.		<b>Office visit copayment:</b> \$5 per visit <b>Office visit limit:</b> 30 visits per calendar year <b>Chiropractic appliance benefit:</b> Chiropractic appliances are provided up to a maximum of \$50 per calendar year when prescribed and provided by an ASH Plans Participating Chiropractor as part of your chiropractic care.	
<b>Office visits:</b> Covered services are limited to medically necessary chiropractic services authorized and provided by an ASH Plans Participating Chiropractor.			
<b>X-rays and laboratory tests:</b> Medically necessary X-rays and laboratory tests are covered at no charge when prescribed as part of your chiropractic care by a Participating Chiropractor and provided by an appropriately licensed Participating Provider that has contracted with ASH Plans to provide those services.			
Participating Chiropractors			
ASH Plans contracts with Participating Chiropractors and other Participating Providers to provide covered chiropractic services, including laboratory tests, X-rays, and chiropractic appliances. You must receive covered services from a Participating Provider, except for Emergency Chiropractic Services and services that are not available from Participating Providers that are prior authorized by ASH Plans. The list of Participating Chiropractors is available on the ASH Plans Web site at <b>ashcompanies.com</b> or from the ASH Plans Member Services Department at <b>1-800-678-9133</b> . The list of Participating Chiropractors is subject to change at any time without notice.			
<b>How to obtain services:</b> To obtain covered services, call a Participating Chiropractor to schedule an initial examination. If additional services are required, your Participating Chiropractor will prepare a treatment plan. The ASH Plans Clinical Services Manager will authorize the treatment plan if the services are medically necessary chiropractic services for you. ASH Plans will disclose to you, upon request, the process that it uses to authorize a treatment plan. If you have questions or concerns, please contact ASH Plans Member Services Department.			
Emergency Chiropractic Services			
Covered chiropractic services provided for the sudden and unexpected onset of an injury or condition affecting the neuromusculoskeletal system that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a reasonable layperson with no special knowledge of health, medicine, or chiropractic care could reasonably expect that a delay of immediate chiropractic care could result in (1) placing your (or your unborn child's) health in serious jeopardy, (2) serious impairment to your bodily functions, (3) serious dysfunction of any bodily organ or part.			

This is a summary and is intended to highlight only the most frequently asked questions about the benefit, including copayments. **This benefit is not to be offered in an HSA plan.** Please refer to the *Chiropractic Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for a detailed description of the chiropractic benefit, including exclusions and limitations and Emergency Chiropractic Services.